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Adenosquamous carcinoma of the hypopharynx

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Abstract
A rare case of adenosquamous carcinoma of the hypophraynx is presented. The importance of primary surgical treatment is emphasised.

Introduction

Adenosquamous carcinoma is a very rare tumour in the upper aerodigestive tract and one which is not well recognised. A review of the literature suggests these tumours should be treated surgically; our case serves to reinforce this point.

Case report

A 67-year-old man presented with a 16 month history of hoarseness that had increased in the preceding three months, there being no pain or dysphagia. Previous medical history revealed an insulin-dependent diabetic who suffered from intermittent claudication. He smoked 30 cigarettes per day and had a moderate intake of alcohol.

Indirect laryngoscopy showed a diffusely red larynx with oedematous vocal cords. In addition, a 1.5 cm polyp was noted in the left pyriform fossa. There was no associated lyumphadenopathy. Full blood count, electrolytes and liver function test

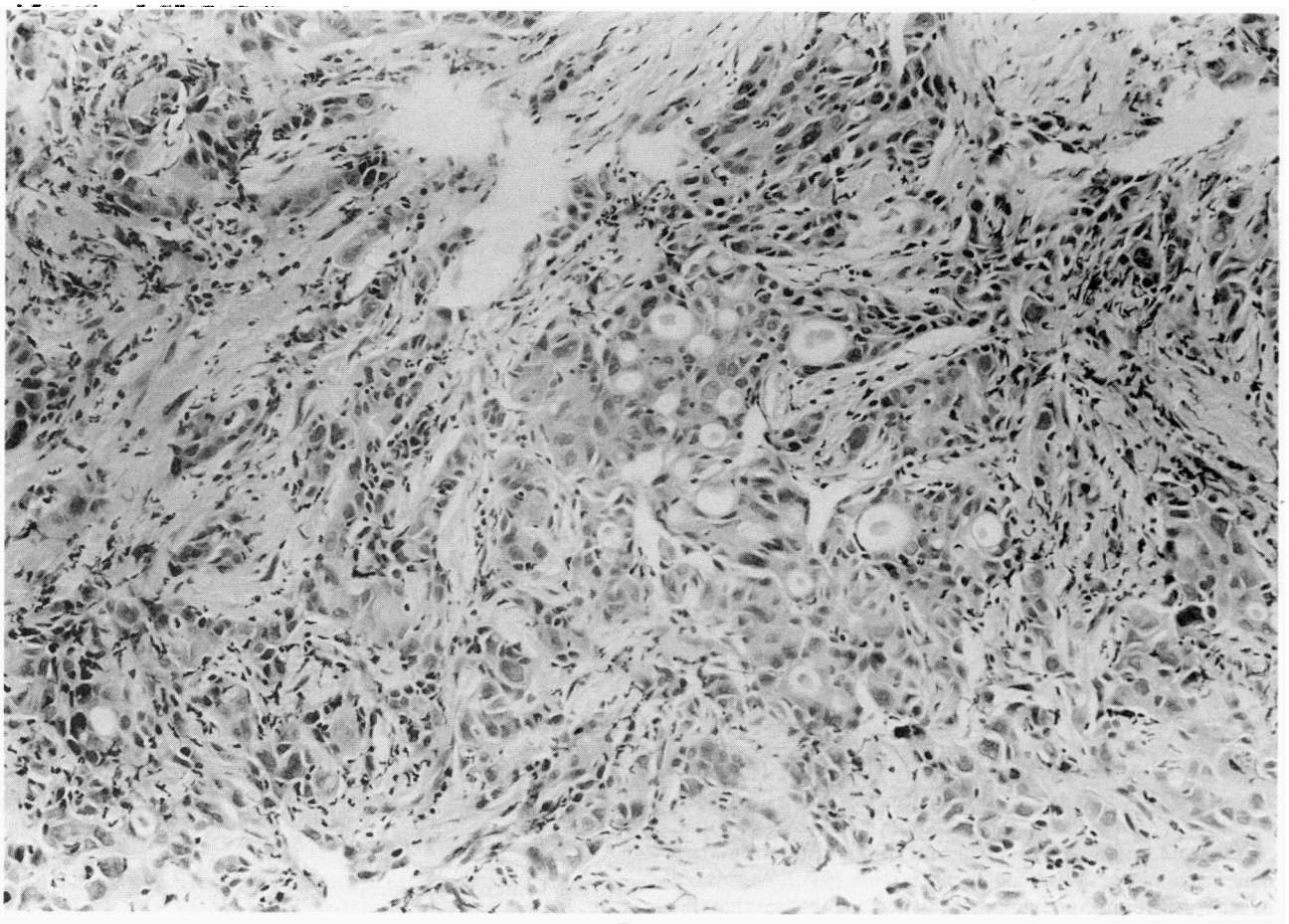

FIG. 1
The tumour showing squamous and glandular differentiation.

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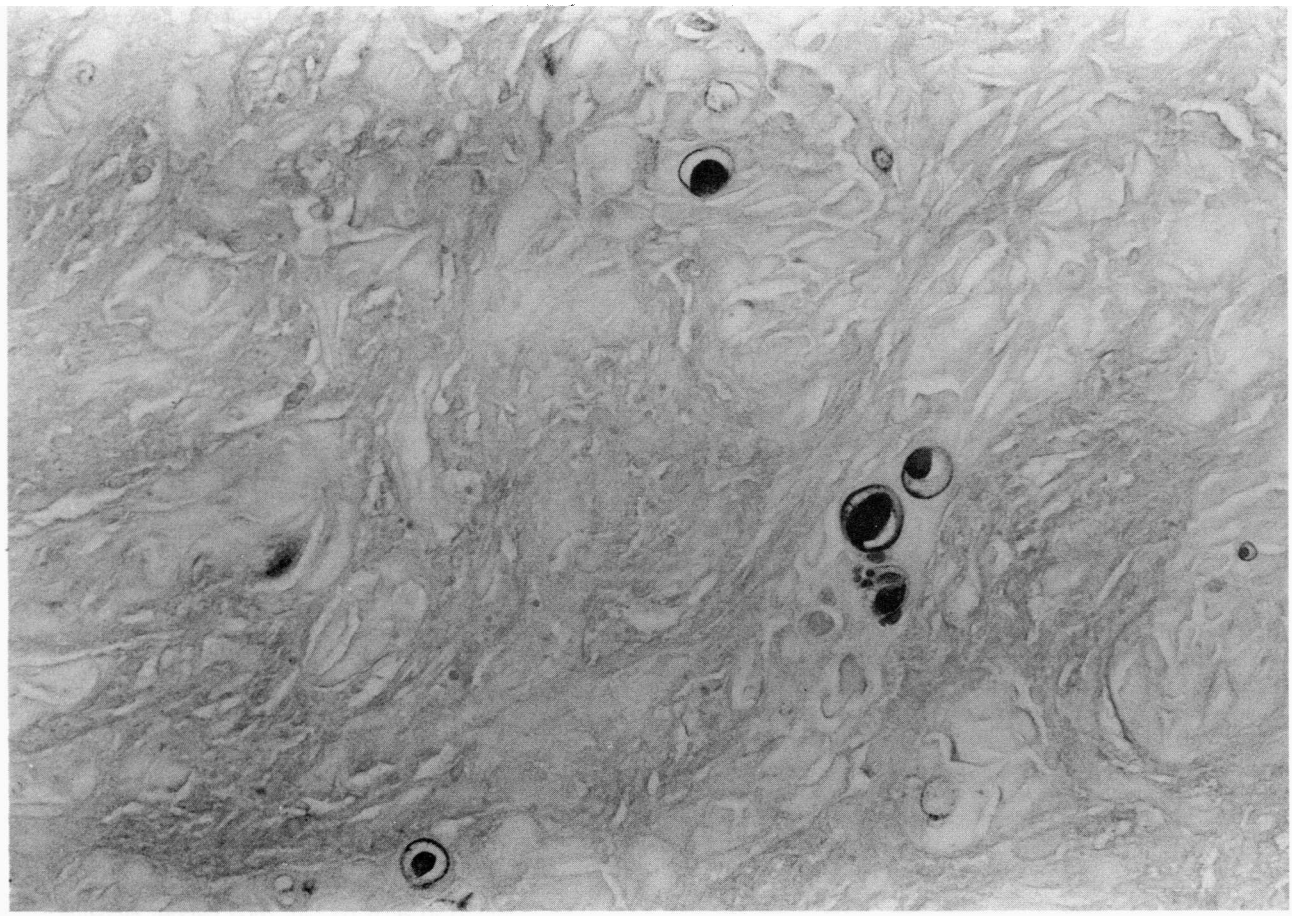

FIG. 2
Demonstrates mucin staining in the tumour.

results were all within normal limits and his chest X-ray was clear.

Direct laryngoscopy revealed a polyp arising from the medial wall of the left pyriform fossa on a broad, short pedicle. Biopsies from the true cords and false cords were reported as Reinke's oedema and chronic laryngitis respectively. The pyriform fossa polyp was reported as an adenosquamous carcinoma (Figs 1 and 2). This was staged as T_1 N_0.

With no evidence of regional metastasis, and on discussion with the patient, the adenosquamous carcinoma was treated with a radical course of radiotherapy. The lesson on subsequent examination failed to regress at all, with no evidence of a decrease in size. Repeat biopsies three months post-radiotherapy showed residual carcinoma and the patient subsequently had a total pharyngolaryngectomy. Six months post-operatively, he remains free of recurrence.

Discussion

Adenosquamous carcinoma is a rare, malignant epithelial tumour characterised by the simultaneous presence of a glandular and squamous component, both elements being malignant and present in varying proportions. Although rare, it has been well described in the lung (WHO, 1982; Naunheim *et al.*, 1987) and less commonly in other sites such as the cervix, endometrium (Litmann *et al.*, 1976) and pancreas (Cihak *et al.*, 1972). Sites in the head and neck region are very rare but include the thyroid (Cocke and Carrera, 1964), nose, tongue and floor of mouth (Gerughty *et al.*, 1968). To our knowledge, only seven cases of adenosquamous carcinoma of the larynx have been described (Ferlito, 1976) and we can find only one reference of this tumour arising in the hypopharynx (Zieske *et al.*, 1985), where it was the primary lesion in a patient presenting with pulmonary lymphangitis carcinomatosis.

Of the 14 cases we have found described in the head and neck region, 10 had cervical metastasis at presentation and, thus, it would appear to be an aggressive tumour. However, no staging of the tumours was given in the literature and no direct comparisons can be made.

The recommended treatment of adenosquamous carcinoma outside of the head and neck region is radical surgery as they appear to be radio-resistant (Cocke and Carrera, 1964; Naunheim *et al.*, 1987). Insufficient numbers of this neoplasm occurring in the larynx have been described to comment definitively on treatment but radical surgery has been recommended (Ferlito, 1976). It is of interest that the case described above of a T_1 N_0 pyriform fossa adenosquamous carcinoma did not respond at all to radiotherapy, thus supporting the recommendation that radical surgery is the treatment of choice in these tumours.

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